MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

0026375

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 93 Primary Registration District No. 4153 Registrar's No. 64-51 STATE FILE NUMBER 0026375

DO NOT WRITE ON THIS STUB

AMENDED AGE FILED 06 64

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Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

Harold A. Bauer, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Dade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lockwood Mo
Length of stay in 1b: 1da
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Barton
c. CITY OR TOWN: Golden City Mo
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 806 Walnut St
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: John Middle: Daniel Last: Hollingshead

4. DATE OF DEATH: Month: July Day: 20 Year: 1964

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: Oct 4 1901

9. AGE (last birthday): 62
IF UNDER 1 YEAR: Months 9 Days 16
IF UNDER 24 HR: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (City and state or country): Barton Co Mo.

12. CITIZEN OF WHAT COUNTRY: usa

13a. FATHER'S NAME: John E Hollingshead

13b. MOTHER'S MAIDEN NAME: Eva Clement

14. NAME OF HUSBAND OR WIFE: Lema Hollingshead

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servic: no

16. SOCIAL SECURITY NO.

17. INFORMANT Address: Lema Hollingshead Golden City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Complete Heart block with
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Ventricular standstill
DUE TO (c): Arteriosclerotic Heart Desease
INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 7-20-64 to 7-20-64 and last saw her/him alive on 7-20-64
Death occurred at 10:40A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Harold Bauer M.D.

22b. ADDRESS: Harold A. Bauer, M. D. Lockwood, Mo.

22c. DATE SIGNED: 7-22-64

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: July 23 1964

23c. NAME OF CEMETERY OR CREMATORY: Odd Fellow

23d. LOCATION (City, town, or county) (State): Golden City Mo.

24. FUNERAL DIRECTOR ADDRESS: Allison Funeral Home Greenfield Mo.

25. DATE RECD. BY LOCAL REG.: July 28, 1964

26. REGISTRAR'S SIGNATURE: J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

OCT 15 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield Ind

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.